NHS
Somerset
Clinical Commissioning Group

Clinical Quality Review Report
For the Period
October 2017—December 2017 (Quarter 3)

Quality & Safety Summary

Executive Summary

This quarter's report contains a review of Summary Hospital-level Mortality Indicator (SHMI) data across all Trusts. All Trusts featured in this report are noted as being within 'as expected range.' The CCG's review of the latest SHMI data has identified areas of enquiry in a number of diagnostic groups: this will be taken forward through the CQRM process. The CCG has agreed to purchase HSMR data and once available a comprehensive review of HSMR data will be included in a future report and dashboards updated accordingly. All three Trusts have signed up to this approach in principle.

Patient Reported Outcome Measures (PROMS) data (published February 2018) shows that patients in Somerset show an improved health gain for hip / knee procedures compared to the England average. However, groin hernia and varicose vein procedures shows health gains below England average.

The quality and elevated level of risk associated with delays in delivery of care and treatment provided by the Somerset Doctors Urgent Care (SDUC) service continues to be an issue of concern in Somerset. A summary of recent oversight activity is included in this report. Although the provider (Vocare) has made some progress with support from the CCG there remains significant outstanding work to achieve regulatory requirements.

Royal United Hospitals (Bath) reports continuing under performance below threshold for VTE Risk Assessments. In addition, Somerset Partnership is currently working with RUH on a number of reviews concerning VTE incidents that has occurred at Frome Community Hospital earlier this year.

Both Yeovil District Hospital and Weston Area Health Trust have reported one Never Event each during the quarter. Somerset Partnership has reported one suicide by ligature point. Details of CCG oversight of such events is detailed on page 29 of this report.

Further work has been carried to make the reporting of measures easier to understand, especially in relation to benchmarking and ratings. An update at the beginning of the report and a glossary have been added.

Areas to celebrate in Q3

- PROMS data for hip / knee procedures
- Gradual reduction in total falls and harm from falls (grade 3+) within Somerset Partnership though under Sign Up to Safety trajectory

Challenges during Q3

- Film reporting backlog reported at Taunton & Somerset
- Overdue follow-ups at Yeovil
- Waiting lists (52 week waits and 2 week cancer waiting lists) at Taunton and Somerset

CCG local quality & safety priorities

- CCG purchase of Hospital Standardised Mortality Data (HSMR) data
- Development of quality metrics (and reporting of these) within urgent care.
- NHS 111 and GP Out of Hours services

Key Headlines

Dashboards: NHSI Single Oversight Framework (draft) published August 2017

Following publication of the draft revised single oversight framework the report format has been updated for Q3 to be consistent with the requirements of the framework. Metrics are presented in two sections as follows:

1. **Integrated dashboard incorporates Somerset CCG's main commissioned providers** reporting against the indicators applicable to all providers under the following headings:
   - Safe
   - Caring
   - Well-led

2. **A separate dashboard for each provider including relevant metrics by sectors, as follows**:
   - Acute and specialist providers
   - Ambulance providers
   - Mental Health providers
   - Community providers (i.e. Somerset Partnership NHSFT), this includes relevant metrics from the acute provider and mental health provider sectors

See glossary at the end of the report for a definition and explanation of each indicator title included in the dashboards

Included in each provider dashboard each quarter will be additional relevant metrics, included by exception, to support reporting covered in this report during the quarter.

Where metrics are still in development either by NHSE as experimental data, or where they are significant time delays to publication, local data where available is used.

3. Operational performance metrics

In future quarters it is proposed that Operational Performance metrics included in the Single Oversight Framework by provider are included into the provider dashboard sections of this report. This is subject to review and agreement with the performance management team at the CCG. The operational performance metrics included in the single oversight framework are a smaller sub-set of metrics already presented in the CCG monthly performance report

Integrated Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Period	Standard / Ceiling	Taunton And Somerset NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust	Somerset Partnership NHS Foundation Trust	Royal United Hospitals Bath NHS Foundation Trust	Weston Area Health NHS Trust
Safe Metrics							
Clostridium difficile	Dec 2017	Actual	2	0	0	2	0
		Ceiling	1	1		2	1
		Variance	1 ↔	(1) ↔		0 ↔	(1) ↑
Methicillin-resistant Staphylococcus aureus (MRSA)	Dec 2017	0	1 ↓	0 ↔	0 ↔	0 ↔	0 ↔
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	Dec 2017	-	0 ↔	1 ↓		1 ↓	0 ↔
Escherichia coli	Dec 2017	-	3 ↔	3 ↓		2 ↓	1 ↓
Summary Hospital Mortality Indicator (HSCIC) Published December 2017	Jun 2017	-	93.44	97.64		103.05	103.47
HSMR - Currently Not Available		-				.	
CRAB Rate (Surgical Patients Only)	Nov 2017	-		1.07		.	
Never Events	Nov 2017	0	0 ↓	1 ↑	0 ↔	0 ↔	1 ↑
Falls per 1,000 Bed days	Nov 2017	-	0.19 ↔	0.35 ↓	1.99 ↓		3.70 ↓
Pressure Ulcers per 1,000 Bed days	Nov 2017		3.68 ↓	6.36 ↓	6.34 ↑		9.26 ↓
VTE	Sep 2017	95	94.53 ↑	92.10 ↑	97.60 ↑	79.11 ↑	89.07 ↑
Emergency C-Section rate %	Dec 2017	15	11.9 ↑	13.9 ↑	.	15.7 .	.
Admissions to adult facilities for patients under 16	Dec 2017	0	N/A	N/A	0 ↔	N/A	N/A
Care programme approach follow up	Dec 2017	95			95.83 ↓		
% clients in settled accommodation	Dec 2017	50			85.69 ↓		
% clients in employment	Dec 2017	50			87.82 ↓		
% of staff who have received Safeguarding Adults training	Dec 2017	95	93.45 ↑	0.00 ↓	98.45 ↓		
% of staff trained to Level 2 (safeguarding children) for their role	Dec 2017	95	92.62 ↓	0.00 ↓	96.46 ↓		
% of staff trained to Level 3 (safeguarding children) for their role	Dec 2017	95	92.29 ↑	0.00* ↓	90.84 ↓		
Midwife to Birth ratio est (last month of quarter)	Dec 2017	-	1.31.0	1.22.3		1.30.0	
Number of still births	Dec 2017	0	0	0		1	No data
Smoking at time of delivery (%)	Dec 2017	13	12.1	12.0		8.4	No data

Integrated Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Period	Standard /Ceiling	Taunton And Somerset NHS Foundation Trust		Yeovil District Hospital NHS Foundation Trust		Somerset Partnership NHS Foundation Trust		Royal United Hospitals Bath NHS Foundation Trust		Weston Area Health NHS Trust	
Caring Metrics												
12 hour Trolley waits	Jan 2018	0	0	↔	0	↔	0	↔	0	↔	15	↓
Staff FFT Percentage Recommending Care	Q2 2017-18	-	96.4	↓	73.9	↓	76.3	↓	83.8	↑	62.4	↑
Inpatient Scores from Friends and Family Test - % positive	Dec 2017	-	97.0	↑	93.0	↓		·	96.0	↑	96.0	↑
Community scores from FFT - % positive	Dec 2017	-		·		·	98.0	↔		·		·
A&E Scores from Friends and Family Test - % positive	Dec 2017	-	97.0	↔	99.0	↑		·	98.0	↑	92.0	↑
Mental Health Scores from Friends and Family Test - % positive	Dec 2017	-		·		·	90	↑		·		·
Mixed Sex Accommodation Breaches	Dec 2017	0	11	↓	0	↔	0	↔	0	↔	0	↔
Well Led Metrics												
Total number of Complaints Received	Dec 2017	-	12	↑	6	↓	3	↑	6	↑	11	↓
Total number of PALS Contacts	Dec 2017	-	118	↑	63	↑	204	↑			82	↓
% of Mandatory Training undertaken	Dec 2017	90	93.45	↑	0.00*	↓	95.26	↓	87.60	↓	82.10	↓
Appraisal & PDP % complete	Dec 2017	90	85.46	↓	0.00*	↓	0.00*	↔	84.50	↓	68.80	↓

Achieving standard
Not achieving standard
Not applicable
Not available

Additional notes:

* Due to a national issue Business Intelligence was unable to extract data for this issue of the report. Narrative update at page 19.
* Somerset Partnership undertake appraisals at a set time each year—staff appraisals are currently in progress.

Summary Hospital-level Mortality Indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) compares the actual number of patients who die following hospitalisation at a trust with the number that would be expected to die on the basis of average England figures. The SHMI includes deaths which occurred in hospital or within 30 days of discharge. The SHMI is published by NHS Digital on a quarterly basis, the following being based on the latest publication (December 2017) covering the period 1 July 2016—30 June 2017.

Figure 1 shows the overall SHMI data for the acute trusts with some further SHMI data for specific categories (with national baseline data quoted in brackets). All Trusts are noted as being within 'as expected' range for all SHMI data noted in the table.

	SHMI				
	Overall	**Elective Admission** (National)	**Non-Elective Admission** (National)	**Death in hospital** (National)	**Death 30 days** (National)
TST	0.9344	0.5 (0.6)	3.6 (3.7)	64.8 (71.1)	35.2 (28.9)
YDH	0.9764	0.3 (0.6)	4.4 (3.7)	67.7 (71.1)	32.3 (28.9)
RUH	1.0305	0.4 (0.6)	4.2 (3.7)	72.9 (71.1)	27.1 (28.9)
WAHT	1.0347	1.0 (0.6)	6.3 (3.7)	69.8 (71.1)	30.2 (28.9)

Figure 1

The SHMI includes admitted patients for all clinical areas within a trust and it is possible that mortality rates differ across these areas. For this reason, Trusts are encouraged to investigate their SHMI data in detail using data broken down by diagnosis group. Interrogation of this data by the CCG indicates that comparison of observed and expected deaths for the following diagnosis groups requires further enquiry via CQRM with some of the trusts: congestive heart failure (non-hypertensive); urinary tract infections; fracture neck of femur (hip); and pneumonia. It must be noted that: all trusts are noted as being within 'as expected' range within these diagnostic groups: variances noted are not statistically significant: the cause of death may be unrelated to the condition for which the patient was admitted .

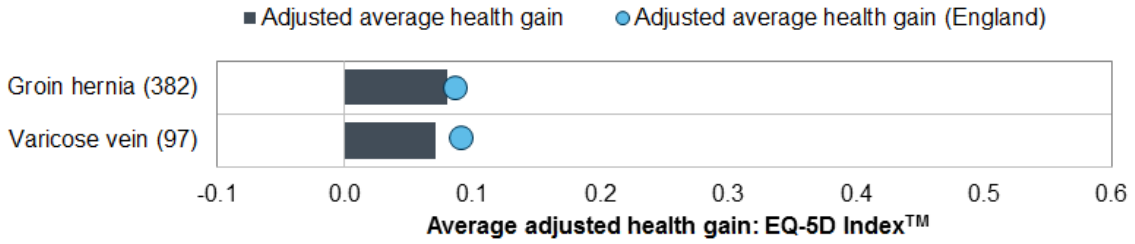
Patient Reported Outcome Measures (PROMS)

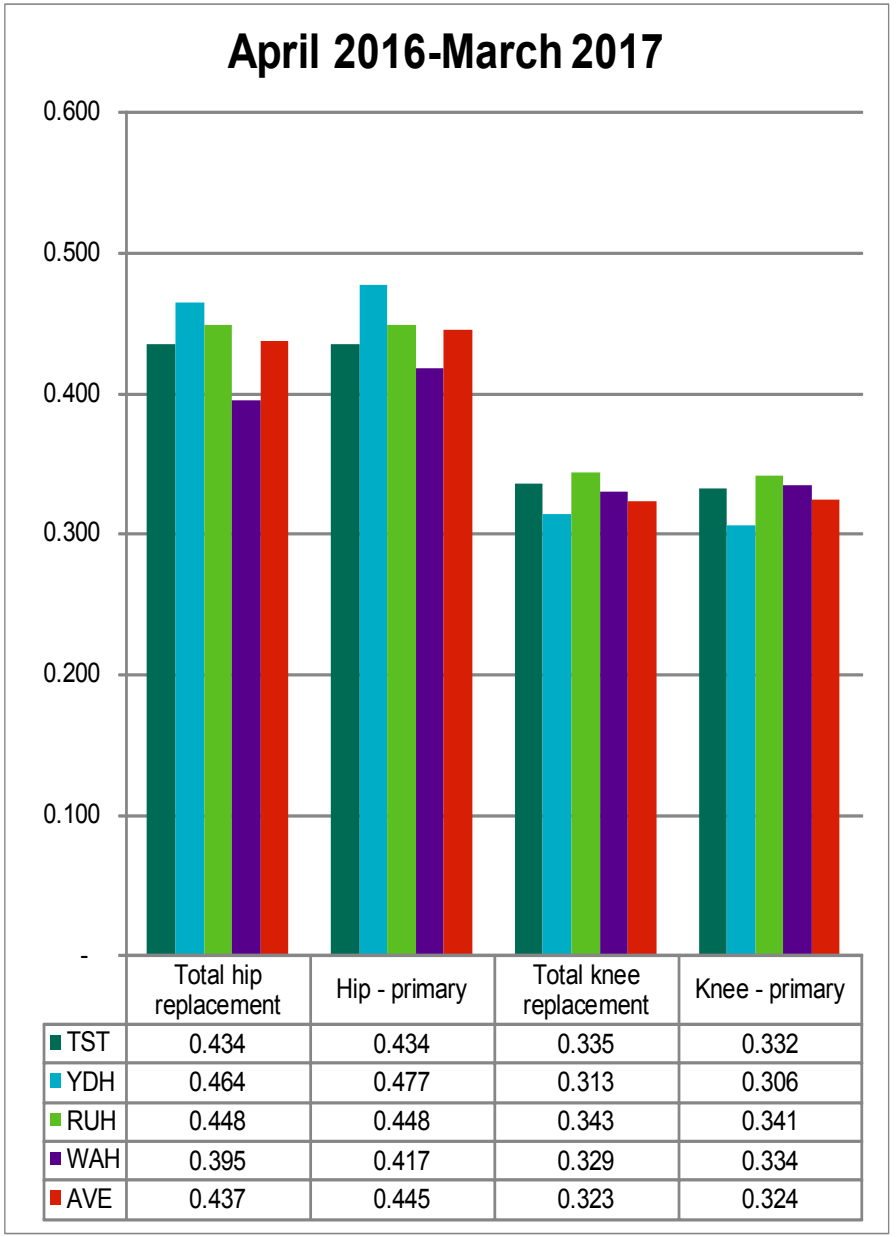
Patient Reported Outcome Measures (**PROMs**) measure health gain in patients undergoing hip replacement, knee replacement, varicose vein* and groin surgery* in England, based on responses to questionnaires before and after surgery (* collected nationally until October 2017). This provides an indication of the outcomes or quality of care delivered to NHS patients and has been collected by all providers of NHS funded care since April 2009. Provider level PROMs data is published quarterly in February, May, August and November and also contain data for England and Clinical Commissioning Groups (CCGs).

The overall CCG figures (EQ-5D (PROMS Profile Data) provisional data: April 2016—March 2017, released February 2018) shows an improved health gain for hip / knee procedures undertaken in Somerset compared to the average for England (provisional data). Excluded are Hip-Revision and Knee-Revision due to the low patient numbers, i.e. fewer than 30. Individual results for Trusts for the same period are noted in the graph to the right.

Total hip replacement	0.458	Ave 0.437
Total knee replacement	0.348	Ave 0.323

CCG results indicate groin hernia and varicose vein procedures (April 2016—March 2017, final data) shows health gains below England average. These latter results relate primarily to TST and RUH and show Somerset in an above average position . Somerset CCG results:





	Total hip replacement	Hip - primary	Total knee replacement	Knee - primary
TST	0.434	0.434	0.335	0.332
YDH	0.464	0.477	0.313	0.306
RUH	0.448	0.448	0.343	0.341
WAH	0.395	0.417	0.329	0.334
AVE	0.437	0.445	0.323	0.324

Complaints

National data collection

The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment which all NHS organisations in England are required to operate. Data is collected via the KO41a form (NHS Hospital and Community Health Service). A number of changes to how the data is collected and presented has been introduced over recent years. The most recent change is a move to quarterly submissions and publication of a complaints rate by Trust. It should be noted that this is published as experimental data and should be treated with caution. To date only Q1 data for 2017/18 has been published by NHSE, as follows:

Complaints management in the CCG

Somerset CCG has responded to a steady stream in recent years of national reports which point to a need for the NHS to improve its complaints handling process. We have led and worked with our providers through a variety of quality improvement initiatives, including external review by the Patients Association and a number of Peer Review Workshops. In order to be transparent the CCG also publishes on its website complaints summaries. www.somersetccg.nhs.uk/contact-us/complaints/summary-complaints/

Q1 2017/2018				
Complaints per 1,000 completed patient episodes of care (National average 37.9)				*Per 1,000 staff (Nat. av.19.8)*
TST	**YDH**	**RUH**	**WAH**	**SomPar**
13.1	19.8	21.7	54.3	8.3

The CCG has an active Complaints Managers Network, with agreed Terms of Reference, which has representation from each of our main providers. Through this group, the CCG has developed a protocol for joint working on complaints. The protocol has been developed in recognition that complaints are often complex, involving more than one provider and is used to identify the lead investigator so that complainants are provided with one single point of contact who then co-ordinates all the relevant responses on their behalf.

Assurance of providers complaints handling

In addition to the collective improvement work the CCG, as part of its quality monitoring process, reviews a small set of anonymised sample complaints and the trust's response where there has been alleged breaches of the Patients Association CARE standards:
C – communicate with compassion; A – assist with toileting, ensuring dignity; R – relieve pain effectively; E – encourage adequate nutrition

Learning and improvement from complaints

The CCG's Patient Safety and Quality Assurance Committee review complaints data and the quality improvement work arising from complaints. Key issues with recent complaints are:

CHC: delays in considering applications/ process issues/ appeals against decisions not to fund.
Quality of Care: associated with poor care co-ordination, care pathways and End of Life Care.
Access to services: delays / waiting, individual funding requests decisions and dermatology.

Quality Safety and Improvement Network (QSAIN) Urgent Care

Measuring Quality in urgent care was a focus of the Quality Improvement network meeting in February 2018. The CCG priorities for 2018/19 is to support local systems deliver 24/7, clinician-led Integrated Urgent Care Services, accessed through NHS 111 Clinical Assessment service (CAS) by February 2019, with new ways of working for providers to treat more patients in the community and reduce conveyance to A&E and increase ambulatory emergency care services. To support the delivery of quality improvement, the CCG and local providers are working towards developing key metrics in line with national reporting guidance. Local providers have agreed to share learning from their urgent care "Getting it Right First Time" reports (GIRFT) and to support a small task and finish group to develop collaborative urgent care metrics. The CCG is in addition focusing on the Minor Injury Unit (MIU) quality measure as a CQUIN in 2018/19. The table below is a report generated from Hospital Episode Statistics (HES) A&E data, setting out data coverage, data quality and performance information for five A&E indicators. Future reporting will illustrate the specific quality improvements that will be identified to drive an improved patient experience.

December 2017—Five Accident and Emergency Indicators

Provider/organisation	Total presentations	Left before being seen	Re-attendance (7 days)	% unknown duration to treatment times	% treatment time of exactly midnight	Time to Treatment minutes Median	Performance; minutes) Median
ENGLAND	1,641,748	2.8%	8.1%	6.5%	0.1%	62	159
ROYAL UNITED HOSPITALS BATH NHS FT	5,760	0.7%	11.0%	21.3%	0.0%	33	73
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	6,026	0.0%	4.4%	2.0%	1.3%	58	209
WESTON AREA HEALTH NHS TRUST	3,569	No Data	0.0%	No Data	No Data	No Data	172
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	4,472	2.2%	7.2%	0.0%	0.8%	13	172

CQC—Maternity

The CQC undertook a national survey during 2017 in respect of people receiving maternity services during February 2017. The 2017 survey included 18,426 participants and gained a response rate of 37%.

The CQC undertake a survey of maternity services in England every two years and provide summarised results in respect of:

- Labour and birth
- Staff during labour and birth
- Care in hospital after birth

Figure 2 summarises the results for each Somerset Trust.

Weston Area Health NHS Trust is not included in the survey as the CQC do not survey services that are provided by an alternative Trust.

	Average score out of 10 for 2017 survey					
	TST		YDH		RUH	
	2015	2017	2015	2017	2015	2017
Labour and birth	9.0	9.2 ↑	9.4	9.0 ↓	9.0	9.2 ↑
Staff during labour and birth	8.8	8.9 ↑	9.0	8.9 ↓	9.0	9.1 ↑
Care in hospital after birth	7.8	7.5 ↓	7.9	7.5 ↓	8.2	7.9 ↓

Figure 2—Trust performance summary

Observations

All three Trusts in Somerset are performing “about the same” as the national rates: each Trust appears to have received a reduction in performance in the category of “care in hospital after birth”. Within this section, all Trusts have seen worsening scores in respect of “length of stay in hospital” and “delay in discharge.” The lowest score for all three Trusts relates to “delay in discharge”.

All three Trusts have seen a worsening in scores against Skin-to-Skin contact which featured heavily as being important in Somerset’s service user feedback.

CQC Status

updated 28 February 2018 (key actions are reported on provider summary pages)

			Key	Unrated	Inadequate	Requires	Good	Outstanding
Provider	**Overall Rating**	**Date of inspection**	**Date of report**	**Safe**	**Effective**	**Caring**	**Responsive**	**Well-led**
Taunton & Somerset NHS Foundation Trust	Good	30 Aug 2017 & 28 Sep 2107	5 Dec 2017	Requires improvement	Good	Outstanding	Good	Good
Yeovil District Hospital NHS Foundation Trust	Requires improvement	15-17 & 24 March 2016	27 Jul 2016	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Somerset Partnership NHS Foundation Trust	Good	27 Feb—2 Mar 2017 and 8-9 Mar 2017	1 Jun 2017	Requires improvement	Good	Good	Good	Good
Royal United Hospitals Bath NHS Foundation Trust[1]	Requires improvement	15-18 & 29 Mar 2016	10 Augt 2016	Requires improvement	Good	Outstanding	Requires improvement	Good
Weston Area Health NHS Trust *(Weston General Hospital)*	Requires improvement *Requires improvement*	28 Feb 17 & 1,2,9,10,13 & 14 Mar 17 *12 Dec 17*	14 June 17 *15 Feb 18*	Requires improvement *Requires improvement*	Requires improvement *Requires improvement*	Good *Good*	Inadequate *Inadequate*	Requires improvement *Requires improvement*
Somerset Doctors Urgent Care (NHS 111 Service)	Requires improvement	24 Aug 2017	17 Nov 2017	Requires improvement	Requires improvement	Good	Good	Inadequate
Somerset Doctors (GP Out of Hours service)	Inadequate	24 Aug 2017	17 Nov 2017	Inadequate	Inadequate	Good	Requires improvement	Inadequate
South Western Ambulance Service NHS Foundation Trust	Requires improvement	7-10, 17, 20 & 22 Jul 2016	6 Oct 2016	Requires improvement	Requires improvement	Outstanding	Good	Requires improvement
Care UK Limited (Shepton Mallet Treatment Centre)*	Outstanding	11-13 Oct 2016	9 May 2017	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

*Care UK Limited (Shepton Mallet Treatment Centre) reregistered the provider on the 2 October 2017 with the CQC which has yet to be inspected.

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Provider summaries

Please note

Information contained within the provider summaries is sourced from the Quality Dashboard and a number of other sources by exception.

Taunton & Somerset NHS Foundation Trust Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Safe Metrics										
Clostridium difficile	N	Monthly	Actual	1	0	3	0	2	2	Dec 2017
			Ceiling	1	1	1	1	1	1	
			Variance	0	(1)	2	(1)	1	1	
Methicillin-resistant Staphylococcus aureus (MRSA)	N	Monthly	0	0	0	2	0	0	1	Dec 2017
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	N	Monthly	-	2	0	0	2	0	0	Dec 2017
Escherichia coli	N	Monthly	-	5	0	4	3	3	3	Dec 2017
Summary Hospital Mortality Indicator (HSCIC)	N	Quarterly	-	100.2	99.66	99.21	98.44	95.22	93.44	Jun 2017
HSMR - Currently Not Available		-	-							
Never Events	N	Monthly	0	0	0	0	0	0	0	Nov 2017
Falls per 1,000 Bed days	L	Monthly	-	0.00	0.00	0.60	0.99	0.19	0.19	Nov 2017
Pressure Ulcers per 1,000 Bed days	L	Monthly		2.94	6.50	6.01	6.32	3.30	3.68	Nov 2017
VTE	N	Quarterly	95	95.36	95.00	94.84	94.89	93.35	94.53	Sep 2017
Emergency C Section rate	N	Monthly	15	12.90	14.30	13.50	16.10	14.30	11.90	Dec 2017
% of staff who have received Safeguarding Adults training	L	Monthly	95	93.72	91.10	92.81	92.95	93.34	93.45	Dec 2017
% of staff trained to Level 2 (safeguarding children) for their role	L	Monthly	95	93.62	89.36	92.22	92.04	92.71	92.62	Dec 2017
% of staff trained to Level 3 (safeguarding children) for their role	L	Monthly	95	84.91	81.71	88.92	89.02	91.40	92.29	Dec 2017
Midwife to Birth ratio est (last month of quarter)	L	Monthly	-	1.31.0	1.36.0	1.33.0	1.32.0	1.30.0	1.31.0	Dec 2017
Number of still births	L	Monthly	0	1	0	0	0	2	0	Dec 2017
Smoking at time of delivery (%)	L	Monthly	13	10.10	10.60	14.30	11.30	11.60	12.10	Dec 2017

Achieving Standard

Not Achieving Standard

SSTS = Sample Size Too Small

Taunton & Somerset NHS Foundation Trust Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Caring Metrics										
12 hour Trolley waits	N	Monthly	0	0	0	0	0	0	0	Jan 2018
Staff FFT Percentage Recommending Care	N	Quarterly	-	94.1	94.1	94.1	94.1	94.1	96.4	Q2 2017-18
Inpatient Scores from Friends and Family Test - % positive	N	Monthly	-	98.0	94.4	97.0	96.6	95.0	97.0	Dec 2017
A&E Scores from Friends and Family Test - % positive	N	Monthly	-	98.0	96.0	94.0	99.2	97.0	97.0	Dec 2017
Maternity Score from FFT - % Positive (birth)	L	Monthly	-	SSTS	SSTS	98.0	97.8	No Data	96.0	Dec 2017
Mixed Sex Accommodation Breaches	N	Monthly	0	0	0	0	2	0	11	Dec 2017
Well Led Metrics										
Total number of Complaints Received	L	Monthly	-	14	13	13	14	14	12	December 2017
Total number of PALS Contacts	L	Monthly	-	145	164	129	127	169	118	December 2017
% of Mandatory Training undertaken	L	Monthly	90	93.72	91.10	92.81	92.95	93.34	93.45	December 2017
Appraisal & PDP % complete	L	Monthly	90	84.92	86.01	86.32	86.91	85.71	85.46	December 2017
Organisational Health Indicators										
Staff Sickness	L	Monthly	3.5	3.57	3.62	3.58	3.61	3.76	3.75	September 2017
Staff Turnover	L	Monthly	-	11.30	11.50	11.90	12.55	12.72	12.78	December 2017

Achieving Standard

Not Achieving Standard

SSTS = Sample Size Too Small

Taunton & Somerset NHS Foundation Trust

Summary Hospital Mortality Indicator (SHMI): NHS Digital reports the Trust is within the expected range. The Trust reports HSMR to also be in the expected range at 95.81 at October 2017. There are spikes recorded by Trust on weekend mortality compared to week days and above national average for fracture neck of femur and congestive heart failure.

Infection Control/ Prevention: MRSA Blood stream Infection: 1 reported in the quarter, MSSA BSI: 2 cases E-Coli: 9. Clostridium Difficile currently with 4 cases above trajectory. Discussed at the Somerset Infection Control Committee and antimicrobial stewardship.

Serious Incidents/ Never Events: Two serious incidents were reported in November (Q3) both involving wrong-side procedures. Neither incident met the classification of Never Events.

52 week waits: Trust does not expect to meet the national guidance of nil by March 2018 recording 42 patients at the end of December 2017. CCG is working with the Trust to have more detailed RCAs to highlight 52ww and to include more detailed information on patient monitoring and possible harm.

Film backlog reporting: Jan '18 there are 5058 cases waiting on reporting with longest wait of 61 days; CCG has sought actions to identify individuals at risk of harm and prioritisation framework.

Staff appraisals: Trust continues to underperform not meeting threshold of 90% recording over the last 3 months 87, 86 and 85% respectively.

Pressure Ulcers per 1000 bed days: Trust saw an increase in December to 6.4 compared to 5.6 and 4.8 in previous months; T&S are competing RCAs and has audited identified wards at greater risk and action planned: Raising awareness and engaging link nurses. Wards have increased in-house teaching around pressure ulcer avoidance . New oxygen protectors are in place to reduce pressure damage caused by oxygen tubing, the Trust also attends the CCG –led Pressure Ulcer Collaboration Group.

Sepsis: Latest figures show the Trust underperforming at 57% in Oct and in Nov 68% for screening with only 53.9% of patients receiving antibiotics in the 1 hour window; (target 90%) The Trust has a Sepsis Improvement Group chaired by a Consultant to ensure national guideline compliance. Monitored by CQUIN performance which will be shared in final year report.

Safeguarding Children Training: level 3 continues to not meet threshold of 95% although improved performing at 92% in December 2017.

End of Life Planning: Trust audited the percentage of deceased patients with individualised End of Life Care Planning Guidance which scored 57.6% with Trust noting this poor performance could be due to emergency pressures. Trust has also been asked to submit to the CCG a briefing paper on patient safety monitoring for patients on their underperforming cancer 2 week wait list.

Out of Hours Transfers: The Trust discharged 72 patients in Dec and 75 in November after 10pm due to high admission numbers into the hospital.

11 **mixed sex accommodation** breaches in December plus 2 in October reported by the Trust.

The Trust has been unable to meet the **direct admission to stroke ward** criteria of 4 hours recording only 66% of patients in October compared to 78% in November (no data for December).

Yeovil District Hospital NHS Foundation Trust Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Safe Metrics										
Clostridium difficile	N	Monthly	Actual	1	3	0	0	0	0	Dec 2017
			Ceiling	0	0	1	0	1	1	
			Variance	1	3	(1)	0	(1)	(1)	
Methicillin-resistant Staphylococcus aureus (MRSA)	N	Monthly	0	0	0	0	0	0	0	Dec 2017
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	N	Monthly	-	0	0	0	0	0	1	Dec 2017
Escherichia coli	N	Monthly	-	1	2	2	0	1	3	Dec 2017
Summary Hospital Mortality Indicator (HSCIC)	N	Quarterly	-	97.9	100.8	100.6	99.58	99.72	97.64	Jun 2017
HSMR		-	-							
CRAB Rate (Surgical Patients Only)	L	Monthly	1.25	0.33	0.30	1.00	0.21	1.07	No Data	Nov 2017
Never Events	N	Monthly	0	0	0	0	0	0	1	Nov 2017
Falls per 1,000 Bed days	L	Monthly	-	0.64	0.00	0.00	0.37	0.00	0.35	Nov 2017
Pressure Ulcers per 1,000 Bed days	L	Monthly		6.75	9.96	5.43	4.81	5.66	6.36	Nov 2017
VTE	N	Quarterly	95	92.44	93.15	92.90	92.90	91.96	92.10	Sep 2017
Emergency C Section rate	N	Monthly	15	19.70	15.30	21.60	15.80	16.40	13.90	Dec 2017
% of staff who have received Safeguarding Adults training	L	Monthly	95	93.00	93.00	92.00	94.00	95.00	0.00	Dec 2017
% of staff trained to Level 2 (safeguarding children) for their role	L	Monthly	95	93.00	94.00	94.00	95.00	97.00	0.00	Dec 2017
% of staff trained to Level 3 (safeguarding children) for their role	L	Monthly	95	71.00	68.00	62.00	74.00	77.00	0.00	Dec 2017
Midwife to Birth ratio est (last month of quarter)	L	Monthly	-	0.00	1.27.4	1.24.4	1.29.7	1.25.6	1.22.3	Dec 2017
Number of still births	L	Monthly	0	1	1	0	2	0	0	Dec 2017
Smoking at time of delivery (%)	L	Monthly	13	14.30	10.70	11.70	15.00	11.20	12.00	Dec 2017

Achieving Standard

Not Achieving Standard

SSTS = Sample Size Too Small

Yeovil District Hospital NHS Foundation Trust Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Caring Metrics										
12 hour Trolley waits	N	Monthly	0	0	0	0	0	0	0	Jan 2018
Staff FFT Percentage Recommending Care	N	Quarterly	-	83.0	83.0	83.0	83.0	83.0	73.9	Q2 2017-18
Inpatient Scores from Friends and Family Test - % positive	N	Monthly	-	94.0	95.4	94.8	97.7	96.0	93.0	Dec 2017
A&E Scores from Friends and Family Test - % positive	N	Monthly	-	93.0	97.0	90.0	94.3	96.0	99.0	Dec 2017
Maternity Score from FFT - % Positive (birth)	L	Monthly	-	SSTS	SSTS	SSTS	SSTS	No Data	SSTS	Dec 2017
Mixed Sex Accommodation Breaches	N	Monthly	0	0	0	0	0	0	0	Dec 2017
Well Led Metrics										
Total number of Complaints Received	L	Monthly	-	6	5	8	5	4	6	Dec 2017
Total number of PALS Contacts	L	Monthly	-	98	50	59	64	74	63	Dec 2017
% of Mandatory Training undertaken	L	Monthly	90	93.00	92.40	92.10	93.90	93.30	Not available	Dec 2017
Appraisal & PDP % complete	L	Monthly	90	78.00	79.10	84.00	86.50	86.20	Not available	Dec 2017
Organisational Health Indicators										
Staff Sickness	L	Monthly	3.5	2.41	2.64	2.14	2.67	2.41	2.80	Sep 2017
Staff Turnover	L	Monthly	-	19.40	18.30	18.20	22.40	21.60	Not available	Dec 2017

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Yeovil District Hospital NHS Foundation Trust

National SHMI: the data from NHS Digital shows the Trust is within the expected range. The trust had a higher than national average of urinary tract infection deaths by diagnosis group, higher rate of liver disease alcohol-related deaths and secondary malignancy for April '16-March'17. This has been discussed in detail with the Trust . The Trust's Mortality Review Group aimed to review all deaths in Q1&2 but now notes the tool is not as quick and easy as first believed; as such the Trust aims now to review a representative group in line with national guidance of the expectation that at least 25% of hospital deaths should be reviewed. The review findings have revealed a need for more consistent communication with relatives and issues around continuity of care for patients.

Infection Control/ Prevention: MSSA BSI: 1 reported case in December following 5 months of no cases. ECOLI BSI: 4 cases over Q3. these are subject to review by the Trust and Somerset Infection Prevention and Control Group.

Pressure Ulcers: This information is additional to the Trust dashboard data. 6 patients developed a Grade 2 or above pressure ulcer in October 2017 with another 3 over the next 2 months: Trust average over the last 3 quarters of 5 pressure ulcers grade 2 and above. The incidence is subject to further review through the CCG led Pressure Ulcer Collaboration Group. In Q3 YDH signed up to NHSI's Pressure Ulcer Collaborative 6 mth programme to support improvement.

Nutritional screening: This information is additional to the Trust dashboard data and is an exception quarterly report. The Trust continues to underperform against threshold of 90% with 85%, 90% and 88% consecutively over the last 3 months. Evidence to support Trust action plan will be reviewed and an agreed improvement trajectory.

Staff Turnover: continues to be a concern, there was modest improvement in Q2 to 18.2% from 20.6% in April 2017 but a deterioration at 22.4% in October 2017,. An improvement plan has been developed in partnership with NHSI. With a priority to increase staff retention following investment in recruiting from overseas. The Trust have set an internal target to reduce turnover to 17% by August 2018. CCG Quality Team is working with the Trust to understand what is driving high levels of staff turnover.

Never Events: One recorded in the last quarter, the CCG has received the final report and learning related to use of equipment.

Backlog in overdue follow-ups: CCG is monitoring patient safety assurance for people on the overdue appointments backlog; specialities include paediatric ENT, rheumatology, dermatology, gastroenterology and ophthalmology.

Safeguarding Children level 3 training: Mandatory training for Safeguarding Children at Level 3 continues to underperform well below target (95%) performance at 77% in December , Trust has been consistently below target for the last 2 years. The Trust need identify further ways in which to increase the Trust attendance to their training days particularly for level 3 training.

Maternity Review: the CCG has undertaken a review of maternity incidents after concerns arising from serious incidents in 2017. The Trust recently commissioned a Royal College of Obstetricians & Gynaecologists (RCOG) review which found the service to be safe and sustainable. The Trust has developed an action plan in light of this review, with the main areas focusing on access to Consultants over the 24 hr period; Consultant present at deliveries; and also considering supporting rotation of staff with another Trust to provide opportunities for staff development. The draft CCG's Review Report has been shared with the Trust.

Somerset Partnership NHS Foundation Trust Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard /Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Safe Metrics										
Clostridium difficile - Avoidable	L	Monthly	Actual	0	0	0	0	0	0	Dec 2017
Methicillin-resistant Staphylococcus aureus (Avoidable MRSA)	L	Monthly	0	0	0	0	0	0	0	Dec 2017
Never Events	N	Monthly	0	0	1	0	0	0	0	Nov 2017
Falls per 1,000 Bed days	L	Monthly	-	2.32	0.79	1.38	1.10	1.13	1.99	Nov 2017
Pressure Ulcers per 1,000 Bed days	L	Monthly		6.82	8.28	7.79	5.74	6.51	6.34	Nov 2017
VTE	L	Quarterly	95	97.90	97.70	96.90	96.10	97.70	97.60	Dec 2017
Admissions to adult facilities for patients under 16	L	Monthly	0	0	0	0	0	0	0	Dec 2017
Care programme approach follow up	L	Monthly	95	95.08	95.89	96.36	95.08	100.00	95.83	Dec 2017
% clients in settled accommodation	L	Monthly	50	85.39	84.97	86.44	85.51	86.28	85.69	Dec 2017
% clients in employment	L	Monthly	50	87.28	87.15	88.30	87.48	88.80	87.82	Dec 2017
Looked after children: Initial Health Review within 28 days	L	Monthly	90	27.80	9.10	34.40	35.70	43.50	18.80	Dec 2017
Looked after children: Annual health checks undertaken within 12 months (excluding refusals)	L	Monthly	90	83.50	No Data	87.20	86.40	87.60	88.70	Dec 2017
Mental Health - Number of incidents of seclusion	L	Monthly	-	2	8	20	8	14	28	Dec 2017
Mental Health - Number of incidents of restraint	L	Monthly	-	36	30	99	47	35	129	Dec 2017
Mental Health - Number of incidents where a ligature has been used	L	Monthly	-	34	46	93	25	16	90	Dec 2017
Mental Health - Number of incidents where a ligature point has been used	L	Monthly	-	1	0	1	3	2	7	Dec 2017
% of staff who have received Safeguarding Adults training	L	Monthly	95	98.43	98.30	98.57	98.61	98.48	98.45	Dec 2017
% of staff trained to Level 2 (safeguarding children) for their role	L	Monthly	95	95.11	95.45	95.84	96.50	96.50	96.46	Dec 2017
% of staff trained to Level 3 (safeguarding children) for their role	L	Monthly	95	84.55	82.19	83.48	87.93	90.86	90.84	Dec 2017

Achieving Standard

Not Achieving Standard

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Somerset Partnership NHS Foundation Trust Dashboard

Metric	Local or National Priority	Reporting Period	Standard /Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Caring Metrics										
Staff FFT Percentage Recommending Care	N	Quarterly	-	83.8	83.8	83.8	83.8	83.8	76.3	Q2 2017-18
Mental health scores from Friends and Family Test – % positive	L	Monthly	-	93.0	91.2	0.0	0.0	89.0	90.0	Dec 2017
Community scores from FFT - % positive	L	Monthly	-	98.0	98.1	99.0	98.0	98.0	98.0	Dec 2017
Mixed Sex Accommodation Breaches	N	Monthly	0	0	0	0	0	0	0	Dec 2017
Well Led Metrics										
Total number of Complaints Received	L	Monthly	-	24	5	7	8	5	3	Dec 2017
Total number of PALS Contacts	L	Monthly	-	763	269	197	197	246	204	Dec 2017
% of Mandatory Training undertaken	L	Monthly	90	95.42	95.28	95.37	95.55	95.68	95.26	Dec 2017
Appraisal & PDP % complete	L	Monthly	90	0.00	0.00	0.00	0.00	0.00	0.00	Dec 2017
Organisational Health Indicators										
Staff Sickness	L	Monthly	3.5	4.70	4.70	4.80	4.80	5.30	5.10	Dec 2017
Staff Turnover	L	Monthly	-	12.50	12.70	12.81	12.84	12.94	13.39	Dec 2017

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Somerset Partnership NHS Foundation Trust

NHS Somerset Clinical Commissioning Group

Falls: Data shows a gradual reduction in (all) falls during the year with Q3 reporting 213 incidents compared to 205 in Q2 and 285 in Q1. The number of incidents resulting in harm (Grade 3 (significant harm) and above) remains static with 6 incidents reported in Q3 against a YTD total of 18. The Trust reports an increase in low level harm (grades 1 & 2): this was discussed at a recent meeting alongside the work being done to mitigate risk. Complexity and frailty of patients is a factor as is the risk inherent in therapy trails ahead of discharge. The Trust is doing some innovative work in this area including the work of activity co-ordinators and local quality improvement projects.

Ligature Incidents: The number of ligature incidents has increased significantly during Q2 (n=94) and Q3 (n=90) compared to Q1 (n=33). During the quarter there was one suicide by ligature from fire detector achieved by disassembly of the unit to access the wiring and attaching a shoe lace to the wires. The fire detectors had been ligature assessed as holding 20 kg maximum: it is believed this relates to the housing, with no previous consideration of the wiring as a source of fixing. The initial investigation findings have raised concerns with compliance with observation practice and remedial action has been taken to place anti-mastic around all smoke detectors across all adult inpatient services.

Restraint: The number of incidents remains high with 211 reported in Q3 (against quarterly average of 111.33). The CCG notes that the October 2017 total is 47 (equating to 13.811 restraints per 1,000 bed days), this being the highest monthly rate YTD. The number of patients restrained also remains high with 67 noted in Q3 (highest quarterly rate YTD), though Q3 sees the lowest number of patients restrained more than once compared to previous quarters (n=7). Data indicates that the use of prone restraint is 26.05% of all recorded restraint incidents YTD. With regards to both **ligatures and restraint**, the Trust has been asked to provide evidence of any link between increased incident numbers, staffing levels and lower than target attendance of Preventing Violence and Aggression Training.

Pressure Ulcers: Q3 has seen a reduction in trust-acquired pressure ulcers (n=95) compared to Q2 (n=117) and Q1 (n=115). This reduction is seen across both community hospitals and district nursing services. No Grade 4 pressure ulcers were reported in Q3 (YTD total 6) though the CCG notes an increase in Grade 3: 35 against a YTD total of 79. The CCG notes that SomPar has undertaken a thematic review of G3 PU as well as an audit, which will inform the organisational action plan and has asked to see the results of this.

VTE Prophylaxis (Improvement Plan): The Trust reports that YTD (to October 2017) there were 8 VTE incidents reported within the community hospitals. Of these one incident at Frome Community Hospital has been established as 'avoidable.' The CCG has received the Trust's Q3 VTE Improvement Plan and the outcome / learning of the thematic reviews undertaken following recent incidents.

Workforce: The CCG notes that the Trust is below the peer group average for both day (91.4% compared to 96.94%) and night (93.64% compared to 97.97%) shift cover. Vacancy rates at some wards remain high with Wincanton, Minehead, Wellington and Bridgwater exceeding 30%. Although no adverse patient safety incidents have occurred a number of red flag events were reported during Q3 (32, Nov; 31, Dec) especially at Wellington. The recruitment alongside patient safety aspects of this situation continues to be monitored within the CCG.

Care Plan Approach Risk Assessment Compliance: The CCG has been concerned regarding frequency of CPA risk assessments, as highlighted in a number of serious incidents. The Trust reports an improved position and the CCG continues to monitor improvement .

Care UK (Shepton Mallet NHS Treatment Centre)

VTE: continues to meet 95% threshold recording to 99.9%, 99.4% and 100% respectively over Q3.

Cancellation of patient admissions: higher than expected due to staff and patient sickness; all patients have been rebooked within the 28 days. Clinical cancellations on day of surgery= 15, non-clinical cancellations of surgery= 21 and late cancellations with 48 hours of theatre day-case= 101; this compares to Q1 of 11,10, and 50 respectively. Care UK report they have ensured a manager's oversight to identify and manage risks to the individual patient and, following this, have not report any concerns.

Electronic discharge summaries and X-Ray reporting: issue with a local surgery not having a compatible electronic system; CCG is facilitating improved communications. Care UK are also in discussion with the CCG on their decision to join the county-wide SIDeR programme (Somerset Integrated Digital Electronic Record). The SIDeR programme will begin build in April 2018 of a countywide service that will allow GP Practices, Hospitals and Social Care in Somerset to share patient records between them to improve direct care. The aim is that once the SIDeR service is up and running, any care professional treating a patient in Somerset will be able to securely view more of their information, providing the right patient information to the right care professional at the right time.

MRI scanner: Shepton Mallet Treatment Centre has a portable MRI scanner in the car park whilst awaiting a decision from Care UK on funding for a replacement scanner. Within the treatment centre , an MRI scanner business case is now in a position to go to the final Board for a decision on funding.

Activity data: 2555 referrals received in Q3 compared to 2708 Q2 and 3124 Q1 and 1944 admissions (547 bed days) overall in Q3. Length of stay for hip and knee surgery is 2.2 days in comparison to 2.79 Q2, 2.3 Q1. MIU has seen 2724 attendances in Q3 compared to 4027 Q2 and in Q1 3013. Provider completed 13 Fast Track Cancer Referrals within 24 hours, has had no post-operative mortalities and has a reduced number of emergency readmissions to 8 in Q3 (0.41%), 12- Q2(0.59%)and 10 - Q1(0.47%) (%threshold 0.5%).

Royal United Hospitals Bath NHS Foundation Trust Dashboard

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Safe Metrics										
Clostridium difficile	N	Monthly	Actual	4	2	5	6	2	2	Dec 2017
			Ceiling	2	2	1	2	2	2	
			Variance	2	0	4	4	0	0	
Methicillin-resistant Staphylococcus aureus (MRSA)	N	Monthly	0	1	0	0	0	0	0	Dec 2017
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	N	Monthly	-	0	5	2	4	1	1	Dec 2017
Escherichia coli	N	Monthly	-	8	5	6	2	4	2	Dec 2017
Summary Hospital Mortality Indicator (HSCIC)	N	Quarterly	-	98.1	96.79	99.03	100.89	101.81	103.05	Jun 2017
HSMR		-	-							
Never Events	N	Monthly	0	0	0	0	0	0	0	Nov 2017
Falls per 1,000 Bed days	L	Monthly	-							
Pressure Ulcers per 1,000 Bed days	L	Monthly								
VTE	N	Quarterly	95	80.82	79.54	79.27	79.40	79.96	79.11	Sep 2017
Emergency C Section rate	N	Monthly	15	13.20	12.10	13.30	13.90	15.20	15.70	Dec 2017
% of staff who have received Safeguarding Adults training	L	Monthly	95							
% of staff trained to Level 2 (safeguarding children) for their role	L	Monthly	95							
% of staff trained to Level 3 (safeguarding children) for their role	L	Monthly	95							
Midwife to Birth ratio est (last month of quarter)	L	Monthly	01:30	1.28.0	1.30.0	1.32.0	1.32.0	1.34.0	1.30.0	Dec 2017
Number of still births	L	Monthly	0	2	0	2	2	1	1	Dec 2017
Smoking at time of delivery (%)	L	Monthly	13	12.30	6.90	10.10	8.30	5.60	8.40	Dec 2017

Achieving Standard

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Royal United Hospitals Bath NHS Foundation Trust

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Caring Metrics										
12 hour Trolley waits	N	Monthly	0	0	0	0	0	0	0	Jan 2018
Staff FFT Percentage Recommending Care	N	Quarterly	-	84.3	84.3	84.3	84.3	84.3	83.8	Q2 2017-18
Inpatient Scores from Friends and Family Test - % positive	N	Monthly	-	95.0	96.8	97.4	97.2	98.0	96.0	Dec 2017
A&E Scores from Friends and Family Test - % positive	N	Monthly	-	97.0	99.0	96.0	97.8	95.0	98.0	Dec 2017
Maternity Score from FFT - % Positive (birth)	L	Monthly	-	SSTS	SSTS	98.0	100.0	No Data	100.0	Dec 2017
Mixed Sex Accommodation Breaches	N	Monthly	0	0	0	0	0	0	0	Dec 2017
Well Led Metrics										
Total number of Complaints Received	L	Monthly	-	17	15	19	16	13	6	Dec 2017
Total number of PALS Contacts	L	Monthly	-							
% of Mandatory Training undertaken	L	Monthly	90	87.70	87.70	87.80	87.10	87.40	87.60	Dec 2017
Appraisal & PDP % complete	L	Monthly	90	86.40	86.50	84.50	84.30	83.60	84.50	Dec 2017
Organisational Health Indicators										
Staff Sickness	L	Monthly	3.5	3.70	3.80	3.80	3.80	4.10	4.20	Dec 2017
Staff Turnover	L	Monthly	-	11.40	11.70	11.40	11.30	11.40	11.90	Dec 2017

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Royal United Hospitals Bath NHS Foundation Trust

Summary Hospital Mortality Indicator (SHMI): NHS Digital reports RUH to be in the "as expected range" July'16-June'17 1.031

Hospital Standardised Mortality Ratio (HSMR): The Trust has recorded a higher than expected mortality ratio (HSMR) for more than 12 months. For five of the last 12 months, the HSMR rate has been recorded at summary level as 'Significantly Higher than Expected'. Dr Foster data over the last 12 months showed a significantly higher than expected relative risk when compared to hospital trusts nationally, taking into account the Trust's case mix The Trust has been asked to report measures they have identified to address its outlier mortality status and meeting requirements of Quality Schedule reporting.

Sepsis: compliance with screening 84% adults, 85% children underperforming the 90% requirement, latest data on antibiotics within 1st hour dropped to 71% in July. Trust sepsis team have targeted training to low performing areas.

VTE Risk Assessment: Trust continues to underperform below threshold of 95% at 79.4, 79.96 and 79.11 with data supplied until September '17. No further data supplied from Trust. CCGs have asked for a VTE update from the Trust for March 2018 CQRM.

Referral to Treatment (RTT): CCGs have requested assurance that there is a process of clinical risk stratification in place. Work is being undertaken to ensure there are safety nets in place as well as an early triage system to identify urgent and routine patients.

A/E: The four-hour performance at the RUH in December remained significantly below the revised trajectory and the national standard as the impact of winter pressures continued, including bed closures due to healthcare associated infection. Performance is 87.8% which is below the national standard of 95%. The RUH continues to be impacted by daily levels and spikes in demand. Actions to improve current position include: CCGs have sought assurance that queuing patients not kept in ED have a safety checklist applied to ensure they are monitored; SOP and Escalation Protocols in process of being agreed; Additional oversight by Bath & North East Somerset A&E Delivery Board; Trust has confirmed that it is using an adapted version of the Supporting Health Inclusive Neighbourhood Environments (SHINE) Safety Checklist.

Diagnostic waiting time under 6 week wait: RUH continues to review referral patterns for Non-obstetric Ultrasound, as there was an increase to 14 breaches in November which correlates to the significant reduction in performance caused by the identification of a large number of Specialist Echocardiograms which were not being counted in the RUH's diagnostics reporting against the 6 week standard. The Trust has been following its Recovery Action Plan: CT equipment failure in Nov'17 also hampered performance

C-Diff: The RUH has challenges around C Diff with 21 cases Year to date against aa annual target of 22.

Serious Incidents: Timeliness and management of serious incidents is a continued area of focus for the Trust and an improvement plan for improved timeliness on reporting.

Weston Area Health NHS Trust Dashboard

NHS Somerset Clinical Commissioning Group

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Safe Metrics										
Clostridium difficile	N	Monthly	Actual	0	0	0	0	1	0	Dec 2017
			Ceiling	0	2	3	2	2	1	
			Variance	0	(2)	(3)	(2)	(1)	(1)	
Methicillin-resistant Staphylococcus aureus (MRSA)	N	Monthly	0	0	0	0	0	0	0	Dec 2017
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	N	Monthly	-	1	0	1	0	0	0	Dec 2017
Escherichia coli	N	Monthly	-	2	1	2	0	1	1	Dec 2017
Summary Hospital Mortality Indicator (HSCIC)	N	Quarterly	-	116.4	115.29	115.1	111.06	105.35	103.47	Jun 2017
HSMR		-	-							
Never Events	N	Monthly	0	0	0	0	0	0	1	Nov 2017
Falls per 1,000 Bed days	L	Monthly	-	0.00	2.90	0.77	2.60	0.00	3.70	Nov 2017
Pressure Ulcers per 1,000 Bed days	L	Monthly		10.29	13.77	12.74	6.77	8.27	9.26	Nov 2017
VTE	N	Quarterly	95	60.70	47.04	47.42	90.53	88.84	89.07	Sep 2017
% of staff who have received Safeguarding Adults training	L	Monthly	95							
% of staff trained to Level 2 (safeguarding children) for their role	L	Monthly	95							
% of staff trained to Level 3 (safeguarding children) for their role	L	Monthly	95							
Midwife to Birth ratio est (last month of quarter)	L	Monthly	0							
Number of still births	L	Monthly	0	0	0	0	0	0	No Data	Dec 2017
Smoking at time of delivery (%)	L	Monthly	13	11.10	16.70	0.00	21.40	40.00	No Data	Dec 2017

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Weston Area Health NHS Trust Dashboard

Metric	Local or National Priority	Reporting Period	Standard / Ceiling	<<<< Least Recent				Most Recent >>>>		Latest Period
Caring Metrics										
12 hour Trolley waits	N	Monthly	0	0	0	0	0	0	15	January 2018
Staff FFT Percentage Recommending Care	N	Quarterly	-	67.2	67.2	67.2	67.2	67.2	62.4	Q2 2017-18
Inpatient Scores from Friends and Family Test - % positive	N	Monthly	-	97.0	96.1	95.2	96.6	98.0	96.0	December 2017
A&E Scores from Friends and Family Test - % positive	N	Monthly	-	97.0	97.0	96.0	97.1	97.0	92.0	December 2017
Maternity Score from FFT - % Positive (birth)	L	Monthly	-	SSTS	SSTS	100.0	SSTS	No Data	SSTS	December 2017
Mixed Sex Accommodation Breaches	N	Monthly	0	0	0	0	0	0	0	December 2017
Well Led Metrics										
Total number of Complaints Received	L	Monthly	-	21	16	20	18	23	11	December 2017
Total number of PALS Contacts	L	Monthly	-	111	101	103	99	90	82	December 2017
% of Mandatory Training undertaken	L	Monthly	90	83.60	82.90	83.00	83.00	84.51	82.10	December 2017
Appraisal & PDP % complete	L	Monthly	90	79.60	80.10	No Data	No Data	62.23	68.80	December 2017
Organisational Health Indicators										
Staff Sickness	L	Monthly	3.5	3.35	3.77	3.69	3.52	3.87	4.01	September 2017
Staff Turnover	L	Monthly	12	15.60	16.00	23.80	14.90	17.66	22.46	December 2017

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Weston Area Health NHS Trust

Summary Hospital Mortality Indicator (SHMI): 1.035 July'16-June'17 NHS Digital states within expected range.

Infection Control/ Prevention: in Q3 C Diff-1 (only 2 cases recorded this financial year), MRSA-0, MSA-0 and Trust Acquired E Coli-2. Five outbreaks of Norovirus were reported in December 2017: 65 patients and 13 staff were affected. The wards were closed for 57 days in total with the loss of 243 bed days.

A/E: 4 hour waiting time: performance 80.2% against 95% target. Although this is adverse against the previous month of 86.4%, it compares very favourably against December 2016 which was 63.7%. Department remains closed to attendances overnight from 22.00hrs - 08.00hrs, and the Trust is managing a process for repatriation of patients who have been required to attend a different A&E and subsequently been admitted to a neighbouring Trust. Issues of concern remain around availability of permanent medical staff to enable A&E to reopen at night. Fifteen daily safety metrics continue to be monitored by CCGs.

Falls: per 1000 bed days has increased from 5.4 in Oct to 7.1-Nov and 7.4 Dec this also compares poorly against June'17 of 3.6 falls rate. Trust is currently in the process of relaunching their falls work stream working in collaboration with the Quality Improvement Hub to identify themes and improvement work to reduce falls

VTE Risk Assessment: Underperforming national threshold of 95% at 81%, 72% and 86% respectively. Trust reports efforts are being concentrated on understanding the common themes in patient records where the Trust is unable to demonstrate completion of a risk assessment and also looking at those ward areas where completion figures is low.

Cancer performance: 62 standard threshold is 85% with Trust achieving only 55% In December, 62%-Oct and 69% Nov. Trust reports cancer services team continue to work on improving the Trust's performance, along with supporting the Operational Management teams to deliver their specialty level improvements. CCGs have requested further assurance following no update since December QPSG with Trust reporting at that time no harm with regards to the September beaches following the completion of root cause analysis on each case.

Stroke Patients: to spend 90% of their stay on a stroke ward with performance threshold set at is 80%, Trust has dipped in performance to 60%-Dec after achieving 84%-Oct and 87% Nov; noting Stroke ward was one of the wards closed due to Norovirus.

Discharge Letters: CCGs note the Trust needs to make some significant internal changes to get the infrastructure to work particularly with the quality of the discharge letters; a contract performance notice remains in place.

Never Events: Trust has recorded 1 Never Event in Q3 . Trust has been asked to improve compliance on serious incident reporting time frames. Multi-agency reviews are being held to ensure learning is shared for all Sis where more than one care giver has been identified within the review. Regarding CCG oversight of never events (all providers) the CCG holds quarterly learning events to ensure that all learning is being disseminated across all providers within Somerset. Where learning has a national implication this is shared through the South West Quality Network which is run by NHS England to mitigate against reoccurrence. The CCG is constantly looking at themes and trends to ensure that incidents do not reoccur and where they do the CCG then goes back to identify if the actions were correctly identified and if so these are embedded in practice; if not the action is rewritten to ensure that it will prevent reoccurrence.

Urgent Care - Somerset Doctors Urgent Care (NHS 111 / GP OOH)

CCG Quality Assurance Visits: 29-30 October 2017 (announced): significant governance and safety concerns; triage queue shows number of cases pending; poor staff rota fill; governance of prescriptions; drug security issues (unlocked drug cupboards); and issues with checking and cleaning of equipment highlighted. 09-10 December 2017 (unannounced): significant reduction in triage queue staff feedback improved in most bases ; improved rota fill; governance of prescriptions; drug security still reported as an issue.

CQC Registration – notice of proposal of conditions: The following conditions have been placed on SDUC registration with the CQC following the November 2017 re-inspection: Implement a sustainable, accountable and effective system for tracking and monitoring prescriptions for Wellington House Out Of Hours sites; Ensure adequate capability, resource and capacity of all staffing groups in order to deliver a safe remote triage service; Systematic, effective and sustainable governance systems and process must be implemented.

Single Item Quality Surveillance Group highlights: 13 December 2017 : NHS 111 continued breach of all national targets; OOH concerns for urgent calls 2 hour dispositions; comfort calling persistent breach; increasing risk of patient safety as SIs have often seen an element of delay featured. Staffing: Consistently not meeting required staffing levels- GPs and Clinicians but with recent improvement in workforce deployment and use of home triage, sustainability to be monitored. Governance and leadership :Disconnect between corporate and local management. Governance systems – evidence does not demonstrate a coherent relationship for system oversight and service feedback informing corporate priorities and actions.

Nursing home/Care home residents: A number of incidents related to residential care patients suffering potential harm not triggering emergency ambulances via NHS111 has triangulated with a concern raised by SWAST. CCG has raised concern with SDUC and instructed identified incidents have a full root cause analysis.

Sepsis NICE Red flag compliance: There have been a number of SIs and incidents reported in which identification of sepsis was identified as a key concern. The CCG has informed SDUC to review its sepsis-related incidents and report on actions to improve its compliance with identifying and managing patients with sepsis red flags.

The CCG has served 12 month notice on the contract with Vocare to enable the CCG to procure an integrated urgent care service.

South Western Ambulance Service NHS Foundation Trust Dashboard

	Target / KPI	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
See and Treat scores from FFT—% positive	-	100%	100%	100%	90%	90%	100%	83%	100%	100%
Return of spontaneous circulation (ROSC)*	45%	48.6%	36.6%	44.8%	54.7%	44.2%	Not available	Not available	Not available	Not available
Stroke—60 minutes*	57%	40.5%	38.0%	39.0%	38.5%	40.8%	Not available	Not available	Not available	Not available
Stroke care*	97%	96.7%	94.7%	95.9%	95.0%	96.9%	Not available	Not available	Not available	Not available
ST Segment elevation myocardial infarction (STeMI) - 150 minutes*	84%	77.0%	76.2%	72.3%	67.6%	78.1%	Not available	Not available	Not available	Not available

Key

Standard Achieved

Standard marginally under-achieved

Standard under-achieved

Note: Response rate for FFT (See and Treat) in Q3 averaged at 0.026%

*Information sourced from: SWAST Integrated Performance Report, published January 2018

Urgent Care - South Western Ambulance Service NHS Foundation

Well-Led Governance Review SWAST has published a Well-led Governance Review undertaken by KPMG. The review has identified eleven recommendations (5 medium and 6 low priority), which the Trust has developed into an action plan. One medium action priority is the recommendation to revise the risk register including the need to include a target rating; ensure that forecast ratings are realistic and to review long-standing risks to ensure mitigating actions or controls are having an impact.

Power Failure A power failure (impacting on IT and telephony systems) occurred 3 December 2017. Immediate remedial action took place and the incident has been classed as an SI for in-depth investigation. Early indications are that no serious harm has been identified for any patients contacting the service during the outage. Regarding patient harm 12-15 of these cases are being reviewed further but no serious harm has been identified including those awaiting Cat1 responses.

Welfare Calls Work is progressing to improve the welfare call (aka comfort call) rate. A revised procedure has been produced and implemented. SWAST has advised that audits to check compliance will be possible once amendments to the CAD are undertaken. The CCG continues to monitor this position through the CSU's quarterly Quality Sub-Group (QSG) and will be requesting an update at its March meeting.

Delays remain a concern regionally as demand and resourcing issues continue. A summary of actions was provided to the QSG in December 2017 along with a presentation on the outcomes of its associated Quality Improvement Plan (Phase 1). Although progress is being made the CCG remains concerned of the robustness of the overall plan and the Trust's oversight of the multifaceted issues implicated in delays.

Incident Stacking (A&E) The Trust reports that the pressure experienced by the high demand over the Christmas and New Year period was reflected in a significantly higher than usual call stack. The Lead Commissioner / Strategic Partnership Board is currently liaising with NHS 111 providers to seek assurance around the availability and effectiveness of the clinical validation process in a bid to mitigate SWAST's high stack levels: it is understood that lack of / delayed clinical validation within NHS 111 may have been a contributory factor in the high call stack. The CCG has sought assurance around mitigation of patient safety risk during such periods of high demand from SWAST through the CSU. It is understood that delayed Category 1 responses are reviewed by the Trust and the CSU is currently working with SWAST to better understand this process and to elicit the conversion rates of incidents to serious / adverse incidents. The CCG continues to review how this work is progressing through the QSG.

Staffing Establishment As at 31 December 2017 the Trust's Lead Clinician vacancies were 78.22 WTE excluding secondments. This across the divisions is 53.43 WTE in the East (including Somerset) and 2.60 WTE in the West and 22.19 WTE in the North. This impacts on the ability to deliver consistent resourcing to meet the new rota schedules on a daily basis. Revised rotas were introduced, including into East, in July 2017, which are designed to align operational resources to current demand. However, the expected performance improvement will not be fully realised until the shifts are filled. Within East Division the position remains largely unchanged through to October 2018 when graduates start to impact on the gap in vacancies bringing a forecast WTE vacancy rate to 25.82 in November 2018.

CAS Alerts As of 15 January 2018 one alert remain outstanding for the Trust: Supporting the Introduction of the National Safety Standards for Invasive Procedures. The Trust reports that it has identified procedures and is developing Locssips before implementation / audit. SWAST notes that other trusts have assessed the guidance as irrelevant to ambulance services: a position the trust disagrees with, noting that through its work, albeit delayed, it is likely to be raising a national issue regarding Natssips in emergency care.

Metrics Glossary

INTEGRATED DASHBOARD

Quality of Care metrics

- **Written complaints rate**

NHS Digital experimental pre-release data is published for 2017/18 Q1. Rate is number of complaints per 10,000 finished consultant episodes and for mental health per 10,000 open referrals.

- **Staff Friends and Family Test % recommended care**

Taking part in the annual survey is mandatory for all NHS Trusts – foundation trusts, acute and specialist hospital trusts, ambulance service trusts, mental health, community and learning disability trusts. This indicator shows how likely the staff at the hospital would be to recommend the hospital to someone if they needed care or treatment. The indicator is % positive responses for staff selecting Likely or Extremely Likely to recommend.

- **Occurrence of any Never Event**

Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Total numbers are reported and always rated red.

A list of Never Events is published by NHSE, it includes for example, wrong side surgery and retention of equipment or materials within the body following surgical procedures. https://improvement.nhs.uk/resources/never-events-policy-and-framework/

- **Patient Safety Alerts not completed by deadline**

NHSI develop patient safety alerts with input, advice and guidance from the National Patient Safety Response Advisory Panel. These alerts are cascaded to all providers with a deadline for implementation. Monthly data on trusts that have not signed off patient safety alerts is published by NHSI at https:// improvement.nhs.uk/resources/data-patient-safety-alert-compliance/

Organisational Health indicators

- **Staff sickness rate %**

Trust local data currently used for timeliness. Target below 3.5%

NHS Digital sickness absence rates for NHS staff available with 6 months delay, calculated from the Electronic Staff Record (ESR). Rates are calculated by dividing the "Full Time Equivalent (FTE) Number of Days Sick" by the "FTE Number of Days Available"

- **Staff turnover rate %**

Local data used. NHS Digital workforce data may be available.

- **Proportion of temporary staff rate %**

NHS Digital data is 2013/14 data Agency staff as percentage of average expenditure. Currently limited equivalent local data available

- **NHS Staff Survey**

This is a composite measure of overall staff engagement from three questions relating to: perceived ability to contribute to improvements at work,

willingness to recommend the trust as a place to work or receive treatment, and

the extent to which they feel motivated and engaged with their work.

The Indicator is a score out of 5 overall and rated 'better than average' (green), 'average' (no colour) or 'worse than or average' (red).

PROVIDERS DASHBOARDS

ACUTE & COMMUNITY SERVICES

- **Mixed Sex accommodation breaches (MSA)**

From 1 Dec 2010 the collection of monthly MSA breaches was introduced requiring NHS Trusts to submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation. All providers of NHS care are expected to eliminate MSA, except where it is in the overall best interest of the patient.

- **Inpatient scores from Friends and Family Test—% positive**
- **A&E scores from Friends and Family Test—% positive**
- **Maternity scores from Friends and Family Test—% positive**
- **Community scores Friends and Family Test—% positive**

See explanation in the Quality of Care metric section above.

Metrics Glossary

Emergency C section rate

Rates of caesarean section have been rising gradually for many years. From about 10% 30 years ago to the current average of 26.5% of all births episodes as at 2014-15. C section increases risks of maternal risk, impact on baby care and feeding and length of stay. NHS Digital is currently publishing experimental statistics. In the meantime the dashboard reports % emergency C sections published by the SW Clinical Network..

Potential under reporting of patient safety incidents

A good reporting culture in an organisation means that the organisation reports patient safety incidents frequently, reports the more serious incidents that occur, but also reports many incidents involving low and no harm to patients, because its staff understands that by reporting even the less serious incidents the organisation can learn and improve. Organisations which report fewer incidents compared to other similar types and size of trusts are considered to be less well placed to improve patient safety. This indicator measures number of incident reports per 1,000 bed days published nationally 6 monthly in arrears. This indicator is only valid for extreme outliers as per CQC Intelligent Monitoring methodology

VTE risk assessment

Venous thromboembolism (VTE) is a conditions where a blood clot forms in a vein. This is most common in a leg vein, where it is known a deep vein thrombosis (DVT). A blood clot in the lungs is called a pulmonary embolism (PE). The chance of developing VTE increases in people who are immobile, unwell, or need surgery. VTE is a major cause of morbidity and mortality accounting for potentially 25,000 preventable deaths per year. Up to one in four hospital inpatients, assessed as being at risk will develop a VTE. Risk assessment provides the opportunity to identify those people at risk and put in place prevention measures.

This indicator is the percentage of patients admitted as inpatients each month who have been risk assessed using the national VTE risk assessment tool. Green 95% and above, Red 49.9% and below

Clostridium difficile (CDI) plan

Confirmed CDI cases should be assessed by the reporting provider and the relevant co-ordinating commissioner, to determine whether the case was linked with lapses in care by the provider reporting the infection. The contractual sanction that can be applied to each CDI case in excess of an acute organisation's agreed trajectory is £10,000. The dashboard indicates plan allowed/ actual number .

- **MRSA bacteraemias**

As with C difficile each MRSA blood stream infection must be subject to a post infection review (PIR). Any preventable case is now regarded as unacceptable and therefore the target rate is zero in all cases. The indicator is number of cases.

- **E Coli bacteraemia bloodstream infection**

Proposed new metric. Rate per 100,000 population. Currently data is available on case numbers only.

- **Hospital Standardised Mortality Indicator (HSMR)**

Dr Foster licensed data not currently purchased by Somerset CCG. Covers death in hospital standardised. Deaths in hospital within a basket of most frequently occurring causes of death (about 80%), excluding palliative care deaths. 100 is used as expected rate, with more than 100 being an elevated death rate and under 100 a better than as expected rate.

- **Summary Hospital Mortality Indicator**

Available nationally on 3 monthly annual rolling average basis from NHS Digital. Includes all deaths in hospital and within 30 days after discharge, with no adjustment for palliative care coded patients. As with HSMR benchmarked against an expected rate of 1 (or 100). Categorised by NHS Digital into one of three bands : 'as expected', 'higher than expected' or 'lower than expected'.

- **Emergency re-admissions following an elective or emergency spell at the provider / emergency re-admission within 30 days following discharge from hospital**

Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications. Emergency re-admissions are therefore used as a proxy for outcomes of care. Indicator construction and data to be included in future reports.

Metrics Glossary

- **CQC inpatient survey**

The Adult Inpatient Survey is the longest running NHS Patient Survey Programme. The survey is carried out annually by the Survey Co-ordination centre at Picker on behalf of the CQC. Analysis is conducted on the data at trust level and benchmarking is provided with previous years results and with other trusts nationally. Each trust is given a rating of 'Better', 'About the same' or 'Worse' than the national benchmark by different aspects of care and treatment. The CQC do not provide a single overall rating for the survey for each Trust. The results in the dashboard relate to the results of the question in the survey about the patient's view of their overall view of the inpatient services.

- **CQC community mental health survey**

Same as above for the Adult Inpatient Survey

MENTAL HEALTH

- **Admissions to adult facilities of patients who are under 16 years old**

Section 131A of the Mental Health Act 1983, to ensure that "the patient's environment in the hospital is suitable having regard to his age (subject to his needs)" allows 16- and 17-year-olds to still be looked after on adult wards occasionally in exceptional circumstances, such as if they need to be admitted as an emergency, it forbids under-16s ever being treated in adult mental health wards.

- **Care Programme Approach (CPA) follow-up**

Proportion of patients followed up face to face or by telephone call following discharge from hospital within 7 days. 95% or above Green . Under 95% Red

- **% clients in settled accommodation**
- **% clients in employment**
- **Mental Health scores Friends and Family Test—% positive**

See explanation in the Quality of Care metric section above

AMBULANCE

- **Return of spontaneous circulation (ROSC) in Utstein group***

Following a cardiac arrest, the ROSC (for example signs of breathing, coughing or movement and a palpable pulse or a measure of blood pressure) is a main objective for all out-of-hospital cardiac arrests and can be achieved through immediate and effective management at the scene. The overall measurement rate measures overall effectiveness of the urgent and emergency care system managing care for out-of-hospital cardiac arrests.. The England average is 52.4% at June 2017.

- **Stroke 60 minutes**

To convey a patient who has had the onset of stroke symptoms within four and half hours to hospital within 60 minutes of the 999 call. Average for England is 57% as at June 2017

- **Stroke care**

Measured on the clinical assessments and observations – stroke care bundle – that ambulance clinicians make when they attend a stroke patient such as doing the F.A.S.T test and taking blood glucose measurements and blood pressures. Indicator is % receiving appropriate care bundle. National Average is 97.4% as at June 2017

- **ST Segment elevation myocardial infarction (STeMI) 150 minutes**

The percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary angioplasty and receive this within 150 minutes of call.

Average for England is 85.5% at June 2017.

- **Ambulance see and treat from Friends and Family Test—% positive**

See explanation in the Quality of Care metric section above.

* The Utstein group is a set of guidelines for uniform reporting of cardiac arrest.